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SECRETARY OF STATE

J. BRYAN

MAR 1 2 2009

EXAMINER

COVER LETTER

SUBJECT: Centurion	W.E.C. Member , LLC		=			
		ited Liability Company)	SECOND T			
	Amendment and fee(s) are sub	_	OS MAR II AMII: 46 SECRETARY OF STATE FALLAHASSEE, FLORID			
Please return all correspo	ndence concerning this matter	to the following:	FELOR FELOR			
	Dir.					
		(Name of Person)	· · · · · · · · · · · · · · · · · · ·			
COSCULLUELA & MARZANO, P.A.						
(Firm/Company)						
	14211 COMMERCE WA	Y, SUITE 300				
		(Address)				
	MIAMI LAKES, FL 33016	3				
		(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·			
For further information co	oncerning this matter, please o	all:				
DANIEL MARZANO at (305) 817-2170		at (305) 817-2170				
(Name o	of Person)	(Area Code & Daytime T	elephone Number)			
Enclosed is a check for th	e following amount:					
□ \$25.00 Filing Fee	☑\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

Registration Section
Division of Corporations

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Centurion W.E.C. Member, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/21/2008

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Centurion Capital W.E.C. Member, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:	
New Registered Office Address:	(Enter Florida street address)
	Florida

(City)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Zip Code)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = M	anager			
MGRM = 1	Managing Member			
<u>Title</u>	<u>Name</u>		Address	Type of Action
		<u> </u>		Add Remove
	 			Add Remove
				Add Remove
 				Add Remove
	<u> </u>			Pamaua
				Add Remove
D. If amen	ding any other info	rmation, enter change	e(s) here: (Attach additional sheets, if nec	essary.)
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_				09 MAR I I SECRETARY ALLIAHASSEE
Dated	FIGURAL	ZC , 200'S		ILED II AHII: 46 SEE, FLORIDA
	and the state of t		<u> </u>	D 1: 46 TATE ORIDA
			or authorized representative of a member	
		TAANCESCO MI	HEFO	···
		Typed o	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00